DOCUMENT RESUME

ED 326 503 SP 032 735

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TITLE Health Consultation & Resource Needs of Pre-Schools and Child Day Care Centers.
PUB DATE 19 Oct 90
NOTE 9p.; Paper presented at the Annual Meeting of the American School Health Association (Long Beach, CA, October 19, 1990). Funding provided by a Rhode Island College Faculty Research Grant.
PUB TYPE Speeches/Conference Papers (150)

EDRS PRICE MF01/PC01 Plus Postage.
DESCRIPTORS *Day Care Centers; *Health Education; *Health Needs; Parent School Relationship; *Preschool Education; Program Administration; *Resources

ABSTRACT

This study describes the state of health education programs and practices in child care centers in Rhode Island. The foci of the study were: (1) planned group health education activities; (2) staff ability to teach health topics; (3) availability of resources regarding health topics; (4) barriers to providing health instruction; (5) parental involvement in health education; (6) perceived need for health education in child care centers; and (7) child health problems encountered in child care centers. The subjects of the study were 224 program directors in 145 day care programs and 79 preschool/nursery school programs. With 51.3 percent of the program directors responding, it was found that many do provide some planned group instruction on health topics for their children. Major barriers to providing health instruction were identified as lack of materials, time, money, and limited staff. No comprehensive health education curriculum for preschool-age children was identified as being implemented by any child care program. Recommendations are made for improvement of the programs. (JD)

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HEALTH CONSULTATION & RESOURCE NEEDS OF PRE-SCHOOLS AND CHILD DAY CARE CENTERS

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Presented at: The Annual Meeting of

The American School Health Association,

Long Beach, California

October 19, 1990

This study was conducted with funding from a

Rhode Island College Faculty Research Grant, 1987-88.

SP 032 735

Health Consultation & Resource Needs of Pre-Schools and Child Day Care Centers

Almost two decades of research have indicated that behavior and environment are major determinants of illness today. Daily "lifestyle" habits have been linked to disease prevention and health promotion (Belloc & Breslow, 1972). These simple daily health habits become well established patterns by adulthood. Extensive efforts need to be directed toward the initial development of positive health promoting behaviors early in life.

Considerable interest is currently being directed toward health education of school age children nationally and in Rhode Island. Yet with the growing numbers of younger children in child care facilities, health education efforts could be started earlier. Health education in child care centers could impact a large number of children.

There exists, however, a paucity of planned health education activities designed specifically for the preschool age child. Few comprehensive curricula have been developed and tested (Bruhn & Parcel, 1982; Hendricks, 1983; Peterson, 1985). The extent of program diffusion, remains undetermined. One state survey of preschool health education programs has been documented (Nelson & Hendricks, 1986). The extent and focus of planned health education programs in Rhode Island child care centers had not been documented to date.

Purpose of the Study

The purpose of this study was to describe the state of health education programs and practices in child care centers in

Rhode Island. More specifically, this study focused on the description of: 1) planned group health education activities; 2) staff ability to teach health topics; 3) availability of resources regarding health topics; 4) barriers to providing health instruction; 5) parental involvement in health education; 6) perceived need for health education in child care centers; and, 7) child health problems encountered in child care centers. It is a replication of the studied conducted by Nelson and Hendricks (1986) in Alabama.

Population

The population under study was composed of directors of child care programs for young children from birth through five years that were licensed as day care centers or certified as preschools or nursery schools in the State of Rhode Island and Providence Plantations in April, 1988. The total number of eligible program directors was 224 (145 day care programs and 79 preschool/nursery school programs).

Summary of Findings

With a little over half (51.3%) of the eligible child care program directors in the state of Rhode Island responding, it was found that many do provide some planned group instruction on health topics for their children. Respondents perceived health education as an important element of their activities. Perhaps predictably, the major barriers to providing health instruction were identified as: (a) lack of materials, (b) time, (c) money, and (d) limited staff.

Those health content areas that were reported to be taught by the highest percentage of directors were also those areas rated highest in staff's ability to teach. These were: (a) nutrition, (b) hygiene/cleanliness, (c) what is a doctor? nurse?, (d) fire safety, and (e) exercise. It seems logical that those topics with which teachers feel most adept are those that are most often taught.

Similarly, those health content areas that were reported to be taught by fewer directors corresponded to those areas rated lowest in relation to staff's ability to teach. These were: (a) smoking, alcohol, drugs, (b) illness/disease, (c) first aid, and (d) falls. Resource materials were requested most frequently in these health content areas. Assistance from a health consultant was designated most often in (a) administering first aid and then in (b) identifying health problems.

No comprehensive health education curriculum for preschool age children was identified as being implemented by any child care program at this time. Although health topics are being taught, there is no consistency in content or approach. Resources used by the programs also vary considerably with most directors relying on free materials from government agencies, health professionals or voluntary groups (e.g. Red Cross).

The need for further training in early childhood health education was identified by 69% day care center directors but by only 43.5% of preschool program directors. This is consistent with the response that 25.5% of day care center directors reported "lack of qualified staff" as a barrier to health

instruction compared to only 2.2% of preschool program directors. Similarly, 91.4% of day care center directors indicated they would participate in a health education program whereas only 64.4% of preschool program directors indicated they would. It seems that the greater interest and need in terms of preservice and inservice education lies with the day care center staffs.

The most frequently reported health problems in this study were consistent with findings in the literature. These were: (a) respiratory conditions, (b) communicable childhood diseases, (c) gastrointestinal diseases, and (d) accidental injuries. The difference in gastrointestinal diseases reported in child care centers (41.4%) versus preschool programs (11.1%) may be due to the difference in ages of the children served. A greater number of infants and toddlers are enrolled in day care centers and this population has a higher incidence of gastrointestinal diseases which are also easily communicable in child care settings.

Many programs (79.1%) reported providing health information and materials to parents via pamphlets/brochures (74.8%) and through newsletters (54.8%). Parental involvement in child health instruction programs or in parent focused groups were less common. Parents whose children are enrolled in child care programs often are employed outside the home and their time availability for program involved is limited. However, parents need and are often interested in learning more about child health and appropriate written materials can be helpful to them.

Recommendations

Based on the results of this study, the following recommendations are made:

1. Compile currently available health related materials into a resource book for early childhood educators.
2. Develop a resource list of health professionals interested in: a) teaching young children about health topics, b) Providing consultation to child care programs, and c) providing inservice education programs.
3. Collaborate with professional preparation programs in early childhood education and in the health professions to meet the identified needs of early child care programs.
4. Identify and review comprehensive pre-school health education curricula that have been developed and tested in other parts of the country.
5. Seek funding to pilot a developed preschool health education curricula within child care programs in this state.

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